

[First Reprint]

SENATE, No. 2419

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED JUNE 27, 2016

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator LORETTA WEINBERG

District 37 (Bergen)

Co-Sponsored by:

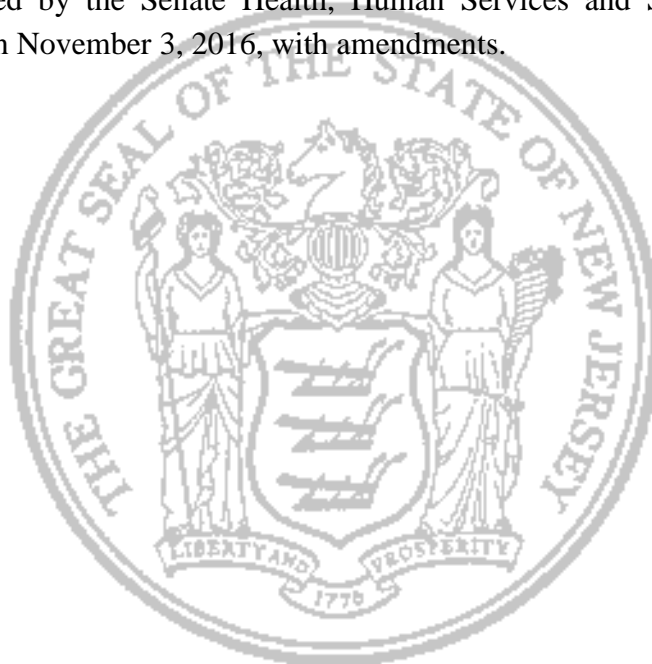
Senators Turner and Gordon

SYNOPSIS

Requires issues related to prescription opioids to be included in continuing education courses for certain health care professionals.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on November 3, 2016, with amendments.



(Sponsorship Updated As Of: 11/15/2016)

1 AN ACT concerning continuing education regarding prescription
2 opioids, amending P.L.1991, c.97 and P.L.1991, c.377, and
3 supplementing Title 45 of the Revised Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. Section 3 of P.L.1991, c.97 (C.45:10-19) is amended to read
9 as follows:

10 3. To qualify to prescribe drugs pursuant to section 2 of **[this**
11 **act]** P.L.1991, c.97 (C.45:10-18), a certified nurse midwife shall
12 have completed 30 contact hours, as defined by the National Task
13 Force on the Continuing Education Unit, in pharmacology or a
14 pharmacology course, acceptable to the board, in an accredited
15 institution of higher education approved by the Department of
16 Higher Education or the board. Such contact hours shall include
17 one credit of educational programs or topics on issues concerning
18 prescription opioid drugs, including responsible prescribing
19 practices, alternatives to opioids for managing and treating pain,
20 and the risks and signs of opioid abuse, addiction, and diversion.
21 (cf: P.L.1991, c.97, s.3)

22
23 2. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
24 read as follows:

25 10. a. In addition to all other tasks which a registered
26 professional nurse may, by law, perform, an advanced practice
27 nurse may manage preventive care services and diagnose and
28 manage deviations from wellness and long-term illnesses, consistent
29 with the needs of the patient and within the scope of practice of the
30 advanced practice nurse, by:

31 (1) initiating laboratory and other diagnostic tests;

32 (2) prescribing or ordering medications and devices, as
33 authorized by subsections b. and c. of this section; and

34 (3) prescribing or ordering treatments, including referrals to
35 other licensed health care professionals, and performing specific
36 procedures in accordance with the provisions of this subsection.

37 b. An advanced practice nurse may order medications and
38 devices in the inpatient setting, subject to the following conditions:

39 (1) the collaborating physician and advanced practice nurse
40 shall address in the joint protocols whether prior consultation with
41 the collaborating physician is required to initiate an order for a
42 controlled dangerous substance;

43 (2) the order is written in accordance with standing orders or
44 joint protocols developed in agreement between a collaborating

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted November 3, 2016.

1 physician and the advanced practice nurse, or pursuant to the
2 specific direction of a physician;

3 (3) the advanced practice nurse authorizes the order by signing
4 the nurse's own name, printing the name and certification number,
5 and printing the collaborating physician's name;

6 (4) the physician is present or readily available through
7 electronic communications;

8 (5) the charts and records of the patients treated by the advanced
9 practice nurse are reviewed by the collaborating physician and the
10 advanced practice nurse within the period of time specified by rule
11 adopted by the Commissioner of Health pursuant to section 13 of
12 P.L.1991, c.377 (C.45:11-52);

13 (6) the joint protocols developed by the collaborating physician
14 and the advanced practice nurse are reviewed, updated, and signed
15 at least annually by both parties; and

16 (7) the advanced practice nurse has completed six contact hours
17 of continuing professional education in pharmacology related to
18 controlled substances, including pharmacologic therapy **【and】** ,
19 addiction prevention and management, and issues concerning
20 prescription opioid drugs, including responsible prescribing
21 practices, alternatives to opioids for managing and treating pain,
22 and the risks and signs of opioid abuse, addiction, and diversion, in
23 accordance with regulations adopted by the New Jersey Board of
24 Nursing. The six contact hours shall be in addition to New Jersey
25 Board of Nursing pharmacology education requirements for
26 advanced practice nurses related to initial certification and
27 recertification of an advanced practice nurse as set forth in
28 N.J.A.C.13:37-7.2.

29 c. An advanced practice nurse may prescribe medications and
30 devices in all other medically appropriate settings, subject to the
31 following conditions:

32 (1) the collaborating physician and advanced practice nurse
33 shall address in the joint protocols whether prior consultation with
34 the collaborating physician is required to initiate a prescription for a
35 controlled dangerous substance;

36 (2) the prescription is written in accordance with standing orders
37 or joint protocols developed in agreement between a collaborating
38 physician and the advanced practice nurse, or pursuant to the
39 specific direction of a physician;

40 (3) the advanced practice nurse writes the prescription on a New
41 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
42 et seq.), signs the nurse's own name to the prescription and prints
43 the nurse's name and certification number;

44 (4) the prescription is dated and includes the name of the patient
45 and the name, address, and telephone number of the collaborating
46 physician;

47 (5) the physician is present or readily available through
48 electronic communications;

(6) the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;

(7) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated, and signed at least annually by both parties; and

(8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy **and** , addiction prevention and management, and issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

d. The joint protocols employed pursuant to subsections b. and c. of this section shall conform with standards adopted by the Director of the Division of Consumer Affairs pursuant to section 12 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85 (C.45:11-49.2), as applicable.

e. (Deleted by amendment, P.L.2004, c.122.)

f. An attending advanced practice nurse may determine and certify the cause of death of the nurse's patient and execute the death certification pursuant to R.S.26:6-8 if no collaborating physician is available to do so and the nurse is the patient's primary caregiver.

(cf: P.L.2015, c.38, s.3)

3. R.S.45:12-1 is amended to read as follows:

45:12-1. Optometry is hereby declared to be a profession, and the practice of optometry is defined to be the employment of objective or subjective means, or both, for the examination of the human eye and adnexae for the purposes of ascertaining any departure from the normal, measuring its powers of vision and adapting lenses or prisms for the aid thereof, or the use and prescription of pharmaceutical agents, excluding injections, except for injections to counter anaphylactic reaction ¹**[.]** ¹ and excluding controlled dangerous substances as provided in sections 5 and 6 of P.L.1970, c.226 (C.24:21-5 and C.24:21-6), ¹except as otherwise authorized by section 9 of P.L.1991, c.385. ¹ for the purposes of treating deficiencies, deformities, diseases, or abnormalities of the human eye and adnexae ¹, ¹ including the removal of superficial foreign bodies from the eye and adnexae.

1 An optometrist utilizing pharmaceutical agents for the purposes
2 of treatment of ocular conditions and diseases shall be held to a
3 standard of patient care in the use of such agents commensurate to
4 that of a physician utilizing pharmaceutical agents for treatment
5 purposes.

6 A person shall be deemed to be practicing optometry within the
7 meaning of this chapter who in any way advertises himself as an
8 optometrist, or who shall employ any means for the measurement of
9 the powers of vision or the adaptation of lenses or prisms for the aid
10 thereof, practice, offer or attempt to practice optometry as herein
11 defined, either on his own behalf or as an employee or student of
12 another, whether under the personal supervision of his employer or
13 perceptor or not, or to use testing appliances for the purposes of
14 measurement of the powers of vision or diagnose any ocular
15 deficiency or deformity, visual or muscular anomaly of the human
16 eye and adnexae or prescribe lenses, prisms or ocular exercise for
17 the correction or the relief thereof, or who uses or prescribes
18 pharmaceutical agents for the purposes of diagnosing and treating
19 deficiencies, deformities, diseases or abnormalities of the human
20 eye and adnexae or who holds himself out as qualified to practice
21 optometry.

22 (cf: P.L.2004, c.115, s.1)

23

24 4. Section 3 of P.L.1975, c.24 (C.45:12-9.3) is amended to read
25 as follows:

26 3. Fifty credits of continuing professional optometric education
27 shall be required biennially of each New Jersey optometrist holding
28 an active license during the period preceding the established license
29 renewal date. Each credit shall represent or be equivalent to one
30 hour of actual course attendance or in the case of those electing an
31 alternative method of satisfying the requirements of this act shall be
32 approved by the board and certified to the board on forms to be
33 provided for that purpose. ¹Of the 50 credits biennially required
34 under this section, at least one credit shall be for educational
35 programs or topics that concern the prescription of hydrocodone, or
36 the prescription of opioid drugs in general, including responsible
37 prescribing practices, the alternatives to the use of opioids for the
38 management and treatment of pain, and the risks and signs of opioid
39 abuse, addiction, and diversion.¹

40 (cf: P.L.1975, c.24, s.3)

41

42 ¹**[3.] 5.**¹ (New section) a. The New Jersey State Board of
43 Dentistry shall require that the number of credits of continuing
44 dental education required of each person licensed as a dentist, as a
45 condition of biennial registration pursuant to R.S.45:6-10 and
46 section 1 of P.L.1972, c.108 (C.45:1-7), include one credit of
47 educational programs or topics concerning prescription opioid
48 drugs, including responsible prescribing practices, alternatives to

1 opioids for managing and treating pain, and the risks and signs of
2 opioid abuse, addiction, and diversion. The continuing dental
3 education requirement in this subsection shall be subject to the
4 provisions of P.L.1991, c.490 (C.45:6-10.1 et seq.), including, but
5 not limited to, the authority of the board to waive the provisions of
6 this section for a specific individual if the board deems it is
7 appropriate to do so.

8 b. The New Jersey State Board of Dentistry, pursuant to the
9 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
10 seq.), shall adopt such rules and regulations as are necessary to
11 effectuate the purposes of this section.

12
13 **¹[4.] 6.¹** (New section) a. The State Board of Medical
14 Examiners shall require that the number of credits of continuing
15 medical education required of each person licensed as a physician,
16 as a condition of biennial registration pursuant to section 1 of
17 P.L.1971, c.236 (C.45:9-6.1), include one credit of educational
18 programs or topics concerning prescription opioid drugs, including
19 responsible prescribing practices, alternatives to opioids for
20 managing and treating pain, and the risks and signs of opioid abuse,
21 addiction, and diversion. The continuing medical education
22 requirement in this subsection shall be subject to the provisions of
23 section 10 of P.L.2001, c.307 (C.45:9-7.1), including, but not
24 limited to, the authority of the board to waive the provisions of this
25 section for a specific individual if the board deems it is appropriate
26 to do so.

27 b. The State Board of Medical Examiners, pursuant to the
28 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
29 seq.), shall adopt such rules and regulations as are necessary to
30 effectuate the purposes of this section.

31
32 **¹[5.] 7.¹** (New section) a. The State Board of Medical
33 Examiners shall require that the number of credits of continuing
34 medical education required of each person licensed as a physician
35 assistant, as a condition of biennial renewal pursuant to section 4 of
36 P.L.1991, c.378 (C.45:9-27.13), include one credit of educational
37 programs or topics concerning prescription opioid drugs, including
38 responsible prescribing practices, alternatives to opioids for
39 managing and treating pain, and the risks and signs of opioid abuse,
40 addiction, and diversion. The continuing medical education
41 requirement in this subsection shall be subject to the provisions of
42 section 16 of P.L.1991, c.378 (C.45:9-27.25), including, but not
43 limited to, the authority of the board to waive the provisions of this
44 section for a specific individual if the board deems it is appropriate
45 to do so.

46 b. The State Board of Medical Examiners, pursuant to the
47 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et

1 seq.), shall adopt such rules and regulations as are necessary to
2 effectuate the purposes of this section.

3
4 **¹[6.] 8.¹** (New section) a. The New Jersey Board of Nursing
5 shall require that the number of credits of continuing education
6 required of each person licensed as a professional nurse or a
7 practical nurse, as a condition of biennial license renewal, include
8 one credit of educational programs or topics concerning
9 prescription opioid drugs, including alternatives to opioids for
10 managing and treating pain and the risks and signs of opioid abuse,
11 addiction, and diversion.

12 b. The board may, in its discretion, waive the continuing
13 education requirement in subsection a. of this section on an
14 individual basis for reasons of hardship, such as illness or disability,
15 retirement of the license, or other good cause. A waiver shall apply
16 only to the current biennial renewal period at the time of board
17 issuance.

18 c. The New Jersey State Board of Nursing, pursuant to the
19 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
20 seq.), shall adopt such rules and regulations as are necessary to
21 effectuate the purposes of this section.

22
23 **¹[7.] 9.¹** (New section) a. The New Jersey State Board of
24 Pharmacy shall require that the number of credits of continuing
25 pharmacy education required of each person registered as a
26 pharmacist, as a condition of biennial renewal certification, include
27 one credit of educational programs or topics concerning
28 prescription opioid drugs, including alternatives to opioids for
29 managing and treating pain and the risks and signs of opioid abuse,
30 addiction, and diversion. The continuing pharmacy education
31 requirement in this subsection shall be subject to the provisions of
32 section 15 of P.L.2003, c.280 (C.45:14-54), including, but not
33 limited to, the authority of the board to waive the provisions of this
34 section for a specific individual if the board deems it is appropriate
35 to do so.

36 b. The New Jersey State Board of Pharmacy, pursuant to the
37 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
38 seq.), shall adopt such rules and regulations as are necessary to
39 effectuate the purposes of this section.

40
41 **¹[8.] 10.¹** This act shall take effect on the 365th day after the
42 date of enactment.